



**City of Mesquite**  
**Addendum to Employee Report**  
**Property Damage, Loss, Theft or Injury**

Dept/Division: \_\_\_\_\_ Date/Time of Experience: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Report prepared by: \_\_\_\_\_

---

Type (circle):    Damage/Loss/Theft/Injury    Equip: \_\_\_\_\_

Location of Experience: \_\_\_\_\_

---

Staff Involved: \_\_\_\_\_ Witnesses: \_\_\_\_\_

Title: \_\_\_\_\_ Injuries: Yes / No (see description)

---

Description of Experience (use additional paper if needed): \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

Impacting Variables or Conditions: \_\_\_\_\_

---

---

---

---

---

---

---

---



**City of Mesquite**  
**Addendum to Employee Report**  
**Property Damage, Loss, Theft or Injury**

Actions of Operator that may have Contributed to Occurrence:\_\_\_\_\_

---

---

---

Actions of Operator that may have Prevented Occurrence:\_\_\_\_\_

---

---

---

Instructions to Operator that may help Avoid a Reoccurrence:\_\_\_\_\_

---

---

---

Does a Policy or procedure exist covering this experience? Yes / No

Recommendations for a Policy or procedure\_\_\_\_\_

---

---

---

---

Equipment/Property:\_\_\_\_\_ Claim \$\_\_\_\_\_ Source:\_\_\_\_\_

Owner:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

Signature of Dept. Head:\_\_\_\_\_ Date:\_\_\_\_\_

***(This form must be completed as soon as practical, but no later than 24 hours. A copy must be submitted to Personnel Department.)***